
ANALYSIS OF WORKLOAD OF FILLING STAFF AND AVERAGE TIME FOR PROVIDING OUTPATIENT MEDICAL RECORD DOCUMENTS AT RSUD dr. RASIDIN PADANG

Denos Imam Pratama¹, Chamy Rahmatiq²

¹Sekolah Tinggi Ilmu Kesehatan Syedza Sainatika, Padang, Sumatera Barat, Indonesia

²Sekolah Tinggi Ilmu Kesehatan Syedza Sainatika, Padang, Sumatera Barat, Indonesia

Article Info

Article history:

Received : September 2, 2023

Revised October 2, 2023

Accepted December 2, 2023

Keywords:

Workload

Filling

Medical Record

Provision Time

Management

ABSTRACT

According to the Regulation of the Minister of Health of the Republic of Indonesia concerning Minimum Hospital Service Standards that the right time to provide outpatient medical record documents is ≤ 10 minutes. The workload of filing officers has a very strong effect on the average time for providing outpatient medical record documents, that is, the higher the workload for filing officers, the higher the time for providing medical record documents. The purpose of this study is to analyze the workload of filling officers and the average time to provide outpatient medical record documents. This type of research is qualitative research with observation and interview methods. The research was conducted at dr. Rasidin Padang in August 2023. The informants for this study were the heads of the medical records unit and filling officers at RSUD dr. Rasidin Padang, totally 4 people. Methods of data collection were by in-depth interviews, document review, field observations and data analysis using triangulation techniques. Based on the research results obtained from the calculation of the filing officer's workload, it showed that there was an additional filing officers. The average time for providing outpatient medical record documents is 15 minutes. Delays in providing outpatient medical record documents were caused by several factors in management elements which included Man, Method, Material and Machine. It can be concluded that there is an increase in the need for medical record personnel, the time for providing outpatient medical record documents is not appropriate and the factors causing delays in the provision of outpatient medical record documents are Man, Method, Material and Machine factors.

This is an open access article under the [CC BY-SA](https://creativecommons.org/licenses/by-sa/4.0/) license.



Corresponding Author:

Denos Imam Fratama

Program Studi Manajemen Informasi Kesehatan, Sekolah Tinggi Ilmu Kesehatan Syedza Sainatika

Jl. Prof. Dr. Hamka No. 228 Air Tawar Timur, Padang, Sumatera Barat, Indonesia

E-mail: denos.fratama09@gmail.com

1. INTRODUCTION

Medical record is a file that contains a number of patient information related to examination, action, treatment and health services provided to patients. Medical records aim to support administrative order in an effort to improve health services in hospitals [1,5]

Filing has an important role, especially to ensure patient satisfaction. One of the factors used as a reference in ensuring patient satisfaction is the time to provide outpatient medical record documents regulated in the Decree of the Minister of Health of the Republic of Indonesia Number 129 / Menkes / SK / II / 2008 concerning Minimum Hospital Service Standards. The time standard used to provide medical record documents for outpatient services is ≤ 10 minutes. The calculation of this time starts from the patient registering at the registration area until the medical record document is provided or found by the officer. However, in practice, the time used to provide outpatient medical record documents exceeds the predetermined time [2,6,10]

According to Hakam (2018), delays in the provision of outpatient medical record files can affect medical services to patients. The provision of long medical record documents makes the time needed for patient medical services also longer [3,7].

One of the factors affecting the delay in the provision of outpatient medical record documents is the high workload caused by the insufficient number of medical record officers which has an impact on the delay of officers in finding medical record files. An effort is needed to solve the problem of the effectiveness of officer performance which can later have an impact on the quality of health services [4,8,9].

Based on field observations on July 10-12, 2023, researchers also conducted an initial survey of the provision of outpatient medical record documents, the provision of documents observed was 30 documents per day, for three consecutive days with the total number of documents observed being 90 medical record documents. There were 39 (43.3%) documents with outpatient medical record document provision times of >10 minutes or an average time of 14 minutes, while 51 (56.7%) documents had provision times of ≤ 10 minutes or had reached the minimum hospital service standards that had been set. In the provision of outpatient medical record documents assisted by other medical record officers who are not responsible as filling officers.

RSUD dr. Rasidin Padang the time for providing outpatient medical record documents should be in accordance with the Regulation of the Minister of Health of the Republic of Indonesia Number 129 of 2008 concerning Minimum Hospital Service Standards, while from the results of observations there were delays in the provision of outpatient medical record documents. Based on the description above, the researcher has conducted a study with the title "Analysis of the Workload of the Filling Officer and the Average Time of Provision of Outpatient Medical Record Documents at RSUD dr. Rasidin Padang".

2. METHOD

This type of research is a qualitative study to observe and collect information on problems that arise regarding the workload of filling staff and the average time to provide outpatient medical record documents at RSUD Dr. Rasidin Padang.

3. RESULTS AND DISCUSSION (10 PT)

1. Filling Officer Workload

Table 1 Filling Clerk Workload Triangulation Matrix

Topic	Document Review	Indepth Interview/ In-depth Interview	Observation	Conclusion
Working Hours of Filling Officers per Day	Service Standards of RSUD dr. Rasidin Padang No. 445 of 2022 regarding the staff working hours system	The working hours per day are 6.5 hours per day. Starting from half past 8.	Officer Attendance	The filling clerk has working hours of 6.5 hours per day. Officer working hours begin when outpatient registration services are carried out from half past 8.

Topic	Document Review	Indepth Interview/ In-depth Interview	Observation	Conclusion
Filling Officer Work Day	Service Standard of RSUD dr. Rasidin Padang No. 445 of 2022 regarding the staff working hours system.	The filling clerk's working days are 6 days from Monday to Saturday.	Officer Attendance	Filling officers have a total of 6 working days a week, from Monday to Saturday.
Filling Attendant Break Time Per Day	Service Standard of RSUD dr. Rasidin Padang No. 445 of 2022 regarding the staff working hours system.	Staff breaks may only half an hour.	Officer Attendance	The filling clerk has an average break time of only half an hour per day, sometimes the clerk has no break if there are still many medical records to be provided.

Based on the triangulation matrix above, it can be concluded that the volume of workload of officers in the filling section is known. The calculation of the filling section's medical record personnel needs using the WISN (Workload Indicators of Staffing Need) method is where the method is an indicator showing the calculation of personnel needs in health facilities. The calculation of filling personnel needs can be seen from the working hours of officers having working hours in accordance with the provisions and policies, namely 6.5 hours / day starting at 07.30 to 14.00 WIB. Rest hours are 30 minutes (1800 seconds), starting from 12.00 to 12.30 WIB, so the working hours / day is 6 hours / day. Working days are 6 working days from Monday to Saturday.

2. Provision Time of Outpatient Medical Record Documents at RSUD dr. Rasidin Padang

Table 2 Triangulation Matrix of Outpatient Medical Record Document Provision Time

Topic	Document Review	Indepth Interview/ In-depth Interview	Observation	Conclusion
SOP	Permenkes no 129 of 2008 concerning minimum service standards for hospitals	There is no SOP on the provision of outpatient medical record documents	There is no SOP on the provision of outpatient medical record documents	In the provision of outpatient medical record documents, there is no SOP that regulates the provision of outpatient medical record documents.tersebut.

Based on the triangulation matrix above, it can be concluded that the obstacles that occur in the provision of outpatient medical record documents are the lack of filling officers in the provision of medical record documents, then the absence of SOPs related to the time of provision of medical record documents. Based on the observation of the time of provision of outpatient medical record documents carried out during 5 days of document provision, 200 outpatient medical record documents were observed. There are 104 (51.9%) medical record documents with medical record document provision time > 10 minutes or the average provision time is 15 minutes and is said to exceed the specified time or be late. Meanwhile, there were 96 (47.9%) outpatient medical record

documents whose provision was ≤ 10 minutes or had reached the minimum hospital service standards that had been set.

3. Analyzing the Factors Causing Delays in the Provision of Outpatient Medical Record Documents at RSUD dr. Rasidin Padang
 - a. Man Factors

Table 3 Triangulation matrix of officer education level

Topic	Document Review	Indepth Interview/ In-depth Interview	Observation	Conclusion
Officer Education Level	Judging from the last diploma of the Filling Officer	There are still officers who are not graduates of medical records, but their education is high school.	Diploma: SMA = 1 person D3 Medical Records = 2 people D4 Medical Records = -	The level of education of officers has a major influence on the level of knowledge about the process of providing outpatient medical record documents.

Based on table 3 that the results of interviews with informant 3, show that there are still medical record officers in charge of providing outpatient medical record documents who are not graduates of medical records, but their educational qualifications are high school, so that they can influence medical record issues, especially in the process of providing medical record documents. Informant 1 and informant 2 already have their final educational qualification, namely D3 Medical Records.

A person's knowledge can be generated from the level of education. The level of education of the officer, has a big influence on the level of knowledge about the process of providing outpatient medical record documents. A good medical record officer must have good competence, namely with a medical recorder graduate.

- b. Machine Factors

Table 4 Triangulation Table of Availability of Storage Shelves for Medical Record Documents

Topic	Document Review	Indepth Interview/ In-depth Interview	Observation	Conclusion
Availability of Medical Record Document Storage Shelves	Documents that have not been shelved and storage shelves that are still empty: - shelf 40-49 - shelf 60-69 - shelf 70-79 - shelf 80-89 - shelf 90-99	Shelf availability exists, but not all documents are on the storage shelf.	Shelf availability exists, but not all documents are on the storage shelf.	For the availability of storage shelves, there are still many empty ones and there are still many documents that are not on their storage shelves.

Based on table 4, the results of interviews with filling officers or informants on the availability of medical record document storage shelves, namely that many medical record document storage shelves are still available but not used. Most medical record documents are off the shelf or still on the floor or table.

c. Method Factors

Table 5 Triangulation of SOP Availability of Outpatient Medical Record Documents

Topic	Document Review	Indepth Interview/ In-depth Interview	Observation	Conclusion
Availability of SOPs for the Provision of Outpatient Medical Record Documents	Permenkes no 129 of 2008 concerning minimum service standards for hospitals	There is no SOP governing the provision of outpatient medical record documents	There is no SOP governing the provision of outpatient medical record documents	In the provision of outpatient medical record documents, there is no SOP that regulates the provision of outpatient medical record documents.

Based on table 5, the results of interviews with filling officers / informants that there is no SOP on the provision of outpatient medical record documents, but uses the hospital SPM standards set by the Minister of Health Regulation. Standard operating procedures (SOP) as a guideline or reference for carrying out tasks and workers in accordance with the function of the job, with the SOP all activities can run properly.

So it can be concluded that the method factor is the absence of an SOP regarding the provision of outpatient medical record documents at RSUD dr. Rasidin Padang, so that it can affect the delay in the provision of outpatient medical records, so it is necessary to hold an SOP regarding the provision of outpatient medical record documents so that officers work according to established procedures.

d. Material Factors

Table 6 Triangulation of Availability of Medical Record Documents on Storage Shelves

Topic	Document Review	Indepth Interview/ In-depth Interview	Observation	Conclusion
Availability of Medical Record Documents on Storage shelves	Documents that are not on the storage shelf: - documents 40-49 - documents 60-69 - documents 70-79 - 80-89 documents - 90-99 documents	There are still documents on the floor or on the table and not yet in the storage rack.	There are still documents on the floor or on the table and not yet in the storage rack.	Many medical record documents are not yet available on the storage rack, there are still many documents that are still under or on the floor or table.

Based on table 6, the results of interviews with filling officers / informants on the availability of medical record documents on storage shelves, there are still many medical record documents that are not yet available on storage shelves but some are placed on tables and boxes so that some are tucked away.

4. CONCLUSION

Based on the research results obtained from the calculation of the workload of filling officers, it shows that there is an additional 1 person. The average time for providing outpatient medical record documents is 15 minutes. Delays in the provision of outpatient medical record documents are caused by several factors in management elements including Man, Method, Material and Machine. It can be concluded that there is an increase in the need for medical design personnel, the time for providing outpatient medical record documents is not appropriate and the factors causing delays in the provision of outpatient medical record documents are Man, Method, Material and Machine factors.

REFERENCES

- [1] Ismainar, H. (2018). *Manajemen Unit Kerja: Untuk Perekam Medis Dan Informatika Kesehatan Ilmu Kesehatan Masyarakat Keperawatan Dan Kebidanan*. Deepublish. <https://books.google.co.id/books?id=B8lcdwaaqbaj&printsec=frontcover&hl=id#v=onepage&q&f=false>
- [2] Aep Nurul Hidayat, 2016. *Konsep Rekam Medis dan Tujuan Rekam Medis*. Tahun 2016
- [3] Kristina, I., Ambarwati, & Putra, Y. S. (2015). Tinjauan Waktu Penyediaan Rekam Medis Pelayanan Rawat Jalan Di Rumah Sakit Islam Jakarta Pondok Kopi. *Medicordhif Journal*, 2(1), 28–40. <http://akademiperekammedis.ac.id/jurnal/index.php/medicordhif/article/view/23>
- [3] Hakam, F. (2018). Jalan Berdasarkan Standar Operasional Prosedur (Sop) Di Puskesmas X. *Jurnal Manajemen Informasi Dan Administrasi Kesehatan*, 01(01), 11–15. <https://doi.org/10.32585/jmiak.v1i1.119>
- [4] Rahmawati, M. A., Nuraini, N., & Hasan, D. A. (2020). Analisis Faktor Penyebab Keterlambatan Penyediaan Dokumen Rekam Medis Rawat Jalan Di Rsu Haji Surabaya. *J-Remi : Jurnal Rekam Medik Dan Informasi Kesehatan*, 1(4), 511–518. <https://doi.org/10.25047/jremi.v1i4.2000>
- [6] Alfianto, Lucky. 2015. Analisa Perkiraan Jumlah SDM Rekam Medis di Unit *Filling* Dengan Metode WISN (Worload Indicator Staff Need) di RSUD Kabupaten Wonogiri Tahun 2014.
- [7] Fhaturrahman, 2019. *Manajemen Rekam Medis dan Tata Cara Penyelenggaraan Rekam Medis*. Vol 8, No 1. 2019.
- [8] Linda, M. R., Megawati, & Japriska, Y. (2014). Analisis Pengaruh Beban Kerja, Lingkungan Kerja, Dan Motivasi Terhadap Kinerja Pegawai Badan Kepegawaian Daerah Kabupaten Pesisir Selatan Dengan Menggunakan Partial Least Square (Pls). *Jurnal Manajemen Dan Bisnis*, 3(1), 74–88.
- [9] Putri, 2023. *Tentang Faktor Penyebab Klaim Pending Asuransi Kesehatan Pada Rawat Jalan di RSUD dr. RASIDIN PADANG*. Laporan Praktik Kerja Lapangan. 2023
- [10] Peraturan Menteri Kesehatan Republik Indonesia No. 269/MENKES/PER/III/2008 *tentang rekam medis*.
- [11] Sudra, Rano Indradi. (2017). *Rekam Medis (Edisi 2)*, Tangerang Selatan : Universitas Terbuka .
- [12] Yanmed, 2016. *Pedoman Penyelenggaraan Prosedur rekam medis Rumah Sakit*. Revisi II. Jakarta: Departemen Kesehatan RI.